Practitioner's Docket No. U 014854-9

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Tamir MASSAD

Serial No.: 10/685,956 Filed: October 15, 2003 Group No.: Examiner:

For:

01 FC:1460

INTERVENTIVE-DIAGNOSTIC DEVICE

**Commissioner for Patents** P. O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT, REQUEST AND FEE DELETING CORRECTLY NAMED PERSON(S) WHO ARE NOT INVENTOR(S) OF INVENTION NOW BEING CLAIMED (37 C.F.R. 1.48(b)) - NON-PROVISIONAL APPLICATION

NOTE: The correction of the inventorship can be made with respect to the inventors originally named or where the inventorship was corrected after filing under § 1.48(a) and, subsequent to that correction, prosecution of the application required additional correction under § 1.48(b). 62Fed. Reg. 53, 131 at 53,139. (Oct. 10, 1997).

NOTE: "If the correct inventors are named in a nonprovisional application and the prosecution of the application results in the amendment or cancellation of claims so that fewer than all of the currently named inventors are the actual inventors of the invention being claimed in the application, an amendment must be filed requesting the deletion of the name or names of the person or persons who are not inventors of the application being claimed." 37 C.F.R. § 1.48(b).

1. This amendment and request under 37 C.F.R. 1.48(b) is to delete the name(s) of the following person(s) named as inventor(s) and who is (are) not the inventor(s) of the invention now being claimed:

-		

I hereb	y certify that, on the date shown below, this correspond	dence is being:		
	MAILING	FACSIMILE		
⊠	deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.	transmitted by facsimile to the Patent and Trademark Office.		
Date:	December 19, 2003	CLIFFORD J. MASS		
12/31/2003 MAHMED1	00000068 10685956	(tyfe or print name of person certifying)		
01 FC:1460	130.00 OP			

## 2. Claim(s) Now on File

The claim(s) in this application are as follows:

(check and complete all applicable items)

[X] originally filed claim(s) 189 - 194 and 288 [ ] originally filed claim(s)	•
as amended on	· · · · · · · · · · · · · · · · · · ·
[ ] claim(s)	filed on
[ ] claim(s)	
	·
3. Status of Inventorship After Amendment	
(check the following item if all the inventor(s) remain accepted are not the inventor(s) of the subject matte	
[ ] Attached is an explanation of the facts, inclutime the last claimed invention was made Ownership of Claims in Application).	iding the ownership of all the claim(s) at the (Declaration of Inventorship and Common
4. Fee (37 C.F.R. 1.17(i))	
The fee required by is paid as follows:	
[X] Enclosed is a check for \$130.00.  [ ] Charge Account 12-0425 for any fee deficient	
[ ] Charge Account	the sum of \$130.00. a duplicate is attached.
	$\wedge$
	SIGNATURE OF PRACTITION OF PRA
Reg. No.: 20,302	JULIAN H. COHEN (Lype or print name of practilifier)
Tel. No.: (212) 708-1887	LADAS & PARRY P.O. Address
Customer No.: 00140	26 WEST 61 <sup>ST</sup> STREET

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